## Actual Cost of Installing Practices - Summary

Contract No.			Practice Code:				Cost Share Type (Circle One):		
Name:				County:			AA	AM	
Date	Field Number		cription of Activity, aterial, Labor, or Equipment	Units	Quantity	Cost or Value per Unit	Total Cost or Value	Total Eligible Expenses (NRCS Use)	
							=		
Line A. Total Eligible Expenses Line B. Cost-share %									
Line C. (Line A times line B									
Line D.	AM = maximum specified for the practice in the contract and AA = Cost per Unit x Units x Cost-s								
Line E.	Program p	ogram payment for AA or AM cost-share types (Lesser of Line C or I							
Note: Attach receipt or other documentation to this statement. Include labor with names of persons hired with proof of payment such as a copy of a canceled check. If contract labor was used, submit invoice or statement that describes work completed, number of hours charged, equipment used, and the total cost. Items not shaded are to be completed by the program participant. Items shaed are to be completed by the NRCS.  *If a contract modification is authorized than use the modification amount. Questions about this process should be directed to the program manager.									
Reviewed and Approved By:									
	NRCS				Date				
NRCS							Date		